STATE OF ALASKA

DIVISION OF ELECTIONS

INITIATIVE PETITION APPLICATION FORM

TITLE OF PROPOSED BILL: **INITIATIVE COMMITTEE SPONSOR** NAME ADDRESS PHONE NUMBER SIGNATURE VOTER NUMBER, BIRTHDATE, OR SOCIAL SECURITY NUMBER (OPTIONAL) **INITIATIVE COMMITTEE SPONSOR** ADDRESS PHONE NUMBER SIGNATURE VOTER NUMBER, BIRTHDATE, OR SOCIAL SECURITY NUMBER (OPTIONAL) **INITIATIVE COMMITTEE SPONSOR** NAME ADDRESS PHONE NUMBER SIGNATURE VOTER NUMBER, BIRTHDATE, OR SOCIAL SECURITY NUMBER (OPTIONAL) A complete application must have the following: \$100 application fee. The fee is refunded if the petition is properly filed and certified for the ballot. This form, designating the initiative committee of three sponsors who shall represent all sponsors and subscribers in matters relating to the petition. The proposed bill to be initiated. See page 5 of the Initiative, Referendum and Recall Handbook or AS 15.45.040. A statement that the 100 sponsors are qualified voters and signed the application with the proposed bill attached.

Please send the complete application to:

proposed bill attached to every signature page.

Office of the Lt. Governor PO Box 110015 Juneau AK 99811-0015

The signatures and addresses of not less than 100 qualified (properly registered) voters with the full text of the